

Dialysis Dialogue



North Dakota Department of Health
Division of Health Facilities

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Welcome to ***Dialysis Dialogue***, a newsletter published by the North Dakota Department of Health, Division of Health Facilities. ***Dialysis Dialogue*** is designed to help dialysis departments stay up-to-date on various issues. Please share with your dialysis staff.

The following two articles were submitted by Bhargav Mistry, M.D. of MeritCare Hospital in Fargo, N.D. After reading the Summer 2002 edition of ***Dialysis Dialogue***, Dr. Mistry asked if he could submit some articles to be published in the next newsletter. Our staff thought that hearing from experts in the field would be a valuable addition to ***Dialysis Dialogue***. If your facility would like to submit an article, please contact our office. The North Dakota Department of Health does not evaluate or endorse specific products by any manufacturer.

Hemodialysis Access: Role of LifeSite Catheters & Vectra Grafts Submitted Bhargav Mistry MD

For short-term dialysis access in most and long-term dialysis access in few, permacath catheters are used. Unfortunately, they are uncomfortable for patients. They may interfere with clothing, are many times irritable to the skin and also restrict patients from bathing. Now we have the option of LifeSite catheters that are completely subcutaneous. We have successfully implanted LifeSite catheters in our patients who require long-term hemodialysis and who have run out of sites for a fistula placement. The LifeSite catheters are of larger diameter and are also stiffer and therefore resistant to kink. They seem to provide excellent blood flow at the time of hemodialysis. They carry the risk of similar complications as other

catheters, but thus far we have not seen any infections. Also, the company provides excellent training and aftercare. LifeSite catheters may be considered in selected patients for hemodialysis.

For in-patients who are not suitable for insertion of a primary arteriovenous fistula, a synthetic graft usually made out of PTFE is used to establish long-term dialysis access. Unfortunately, it can be used only after three to four weeks while it is incorporated in the subcutaneous tissues. Now the newly developed synthetic graft called Vectra can be inserted and punctured for hemodialysis on the same or the next day. Some special precautions are required at the time of surgery but early results are promising. By placing a Vectra graft, we are able to avoid insertion of a central venous catheter for immediate hemodialysis.

Pancreas Transplant After Successful Kidney Transplant

Submitted by Bhargav Mistry, M.D.

Diabetes mellitus is a leading cause of renal failure. Many patients undergo a successful renal transplant. Pancreas transplantation can be performed along with a kidney transplant or after a successful kidney transplant. Pancreas transplant is performed to prevent further secondary complications to reverse some of the borderline damage caused by diabetes, and to improve the quality of life in these patients. At MeritCare Hospital in Fargo since last November, eight successful pancreas transplants have been performed in patients who had a kidney transplant previously.

Staphylococcus aureus Resistant to Vancomycin

An article was recently published in MMWR regarding Vancomycin-resistant Staphylococcus. This article describes the first documented case of infection caused by vancomycin-resistant *S. aureus* in a patient in the United States. The bacteria was isolated from a 40-year-old Michigan resident with diabetes, peripheral vascular disease and chronic renal failure. The patient received dialysis at an outpatient facility.

The complete article can be found in the July 3, 2002 MMWR report Vol.51/No.26.

Don't judge each day by
the harvest you reap but
by the seeds that you
plant.

Robert Louis Stevenson



Baxter Blood Tubing Sets

The Food and Drug Administration (FDA) announced that Baxter Healthcare Corporation has notified dialysis centers that the use of certain blood tubing with Baxter's Median Dialysis machines may be linked to five patient deaths and two injuries. The FDA posted a news release regarding the Baxter Blood Tubing that may have caused five patients deaths in Indiana and Michigan. You may view the news release at <http://www.fda.gov/bbs/topics/NEWS/2002/NEW00835.html>.

Centers for Disease Control and Prevention (CDC) Revised Recommendations for Single-Use Intravenous Medication Vials in ESRD

The Centers for Disease Control and Prevention (CDC) notified the Centers for Medicare & Medicaid Services (CMS) of CDC's revised recommendations for the multiple use of single-use intravenous medication vials used in end stage renal dialysis (ESRD) facilities.

CMS notified all regional offices and state survey agencies that, effective immediately, ESRD facilities will be expected to follow the revised CDC recommendations for the injectable medications administered by ESRD facilities. The CDC has stated that failure to comply with the following recommendations poses a significant health and safety risk to patients. Therefore, CMS expects that facilities either will continue the practice of single use of single-use vials or will follow the following recommendations:

1. All doses must be drawn-up by a licensed professional whose scope of practice includes administration of parenteral medications and knowledge of aseptic technique.
2. All doses from a given vial should be drawn-up and administered within a four-hour period.
3. Only one vial of a given concentration of the medication should be opened and used by the administering professional at any given time. A second vial of the same medication must not be opened until the previous vial is discarded.
4. Any opened vials or filled syringes (with epoetin alpha, iron or vitamin D) must be discarded if not used within four hours of first puncture of the vial. Vials must be labeled to document the time of first entry and maintained at a temperature of 2 to 8 degrees Celsius (or 36 to 46 degrees Fahrenheit) during non-use.
5. Residual amounts of these medications (either in the vial or syringes) must never be pooled with medication from another vial or syringe. If a patient requires more medication than is in a single, drawn syringe, then medication from a separate vial should be drawn into a separate syringe for administration.
6. Each facility must have in place a process-monitoring (quality assurance) program, which ensures compliance with these policies and procedures. These policies must include (a) recording data on infections in treated dialysis patients and (b) unannounced practice audits

involving quality assurance staff observing performance of re-use techniques.

The regional offices and state survey agencies are now asked to monitor ESRD facilities based upon these revised guidelines. The CDC emphasized, when issuing the new guidelines, that these procedures must be followed strictly to ensure patient health and safety. ESRD facilities should begin following the revised recommendations immediately.

After 30 years, I have decided to retire from the North Dakota Department of Health, Division of Health Facilities. I have enjoyed working with you and your staff over the years and wish you continued success as you provide quality health care for the people of North Dakota. Should you need assistance or have questions, contact Roger Unger, Director at 701.328.2352.

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